Name in Full: Annie Mary Adams

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Emmitsburg County: Frederick

Date of death: Month: November Day: 18th 1904

Age: Years: 61 Months: 7 Days: 5

Sex: Female Color or Race: White Birthplace: Adams Co. Pa

Occupation: Housekeeping Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of Wife or Husband: John F. Adams

Father's Name: James B. Topper Father's Birthplace: Adams Co. Pa

Mother's Maiden Name: Mary Ann Eline Mother's Birthplace: Do Not Know

Name of person giving Imformation: C. Felix Adams How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 66 How long:

Immediate: Paralysis How long: 11 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. Eichelberger

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mabel Albaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Liberty Town; County: Frederick

Date of death: Month: Nov; Day: 15; 1904

Age: Years: —; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Joseph Albaugh

Father's Birthplace: Frdk Co

Mother's Maiden Name: Mabel Burkins

Mother's Birthplace: Frdk Co

Name of person giving Information: Joseph Albaugh

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Prematur Delivery S.

How long:

Immediate: Still born (6 mos)

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Otho B. Stone

Address: Liberty town Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mabel M Albaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Liberty Town; County: Frederick

Date of death 1 90	Month	Day	Age: Years	Months	Days
	Nov	20	23	10	24

Sex: Female | Color or Race: White | Birthplace: Frdk Co

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Joseph L. Albaugh

Father's Name: Calvin Burrier | Father's Birthplace: Frdk Co

Mother's Maiden Name: Flora Crumbaugh | Mother's Birthplace: Frdk Co

Name of person giving information: Joseph L Albaugh | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis + Miscarriage | How long: 2 weeks

Immediate: Heart Failure | How long: 3 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Otis B. Stone

Address: Liberty Town Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lena Alma Barber

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lime Kiln — County: Frederick

Date of death 1904: Month: Nov — Day: 2nd — Age: Years: 14 — Months: 1 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Lewis Barber — Father's Birthplace: Md

Mother's Maiden Name: Jennie Lowe — Mother's Birthplace: Va

Name of person giving information: Mother — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 8 mos

Immediate: Coma — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Routson

Address: Buckeystown.

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full

Certificate of Death

Edna Barnes

Died at Town: Frederick County: Frederick MARYLAND

Date 190 x Month: Nov Day: 8 | Age Y.: 7. M.: 3 D.: — | Native of: Frederick | Occupation: none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | ~~Number of children living~~

Husband of Wife: None

Father's Name: Andrew Barnes Mother's Maiden Name: Annie Myers

Cause of Death: Primary: Burns

Immediate: Exhaustion

How long sick: 6 days

Accident, ~~Suicide, Homicide~~

Reported by: LaBruck

Address: 223 E Church

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Owen

LIBRARY BUREAU, 79898

Interment at St. Johns.

" Nov 9th 04

A. T. Rice Undr

Name in Full: Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frdk C. County: Same

Date of death 1904 Month: 11 Day: 6 Age: Years: Still Birth Months: Days:

Sex: Female Color or Race: White Birthplace: Md

Occupation: X Where Residing if not at place of death: X

Married, Single or Widowed: X Name of Wife or Husband: X

Father's Name: Ralph Baker Father's Birthplace: Va

Mother's Maiden Name: Annie Foltz Mother's Birthplace: Md

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W T Goodell

Address: Frederick Md

Accident or Suicide: —

LIBRARY BUREAU A89316

Name in Full: Buhrman (w & C)

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ——— County: Grant

Date of death 1904 — Month: Nov. — Day: 23 — Age — Years: ——— Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: W. Va.

Married, Single or Widowed: ——— Occupation: ———

Name of Wife or Husband: ———

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Buhrman — Father's Birthplace: Myersville

Mother's Maiden Name: Pearl Thomas — Mother's Birthplace: W. Va.

Name of person giving Information: ——— How related to deceased: ———

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 mos.

Immediate: Exhaustion — How long: ———

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. H. Hoke M.D.

Address: Myersville Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full

Certificate of Death

May Burdette

Died at Near Unionville Town County Frederick MARYLAND

Date 1904 Month Dec Day 2 Age Y. 13 M. — D. — Native of Maryland Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living —

Husband of

Wife

Father's Name Wm. Burdette. Mother's Name Rachel Burdette

Cause of Death: Primary Typhoid How long sick 34 days

Immediate

Accident, Suicide, Homicide

Reported by Dr. W. Thatcher

Address Unionville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Blanche L Dunleman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Peare — County: Frederick

Date of death: Month: 11 — Day: 18 — 1904

Age: Years: — Months: 3 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Lewis Dunleman — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Sarah A. Bell — Mother's Birthplace: Harmonygrove Md

Name of person giving In formation: Lewis Dunleman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 Months

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M.A. Long M.D.

Address: Ag-

Accident or Suicide?

LIBRARY BUREAU A8981G

Name in Full: Doub

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middletown — County: Frederick

Date of death: Month: 11 — Day: 15 — 1904

Age: Years: 4 — Months: x — Days: 4

Sex: Male — Color or Race: White — Birthplace: Middletown Md

Occupation: x — Where Residing if not at place of death: x

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: x

Father's Name: J. E. Doub — Father's Birthplace: Middletown Md

Mother's Maiden Name: Miss Margaret E. Lawson — Mother's Birthplace: " " " "

Name of person giving Information: J. E. Doub — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tedious Birth — How long

Immediate: Asphyxiation + Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Franklin Buchanan Smith M.D.

Address: Frederick Md

Accident or Suicide? x

LIBRARY BUREAU A699016

Name in Full: Singleton Duppens

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Unionville — County: Frederick

Date of death: 1904 — Month: Novb. — Day: 20 — Age: Years: x — Months: about 4 — Days: x

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: x

Father's Name: Wilson Key — Father's Birthplace: Maryland

Mother's Maiden Name: Latta Duppens — Mother's Birthplace: "

Name of person giving information: Singleton Duppens — How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Syphilis — How long: Born with it

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas P. Sappington

Address: Unionville, Maryland.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Laura K. Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near New Market | County: Frederick

Date of death: 1904 | Month: Nov | Day: 22 | Years: Age 63 | Months: 6 | Days:

Sex: Female | Color or Race: White | Birthplace: Frederick Co Md

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: married | Name of ~~Widow~~ Husband: Dynamus Dorsey.

Father's Name: Wm Hobbs. | Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Susan Dorsey | Mother's Birthplace: Frederick Co Md

Name of person giving information: Mrs Laura B. Rohrbaugh | How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. | How long: Four days.

Immediate: Oedema of Lungs. 93 | How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Mr. Christ

Name in Full: James Abner Epworthy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barbersville; County: Frederick

Date of death: 1904; Month: 11; Day: 14; Age: Years —; Months: 9; Days —

Sex: Male; Color or Race: White; Birthplace: Barbersville

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James A Epworthy; Father's Birthplace: Md Co.

Mother's Maiden Name: Lavina Perkins; Mother's Birthplace: " "

Name of person giving Information: Nathan Epworthy; How related to deceased: Step Brother

CAUSES OF DEATH

Primary: Incanition; How long: 1 day

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. C. Cady Undertaker

Address: Frederick Md

Accident or Suicide?

D. E. Killiles

LIBRARY BUREAU A83516

Boston, Mass.

Name in Full: Elizabeth Maija Elchuun

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Indian / County: Indian

Date of death: 1904 Month: Nov Day: 4

Age: Years: 30 Months: 7 Days: 5

Sex: Female Color or Race: White Birthplace: Penn.

Occupation: Housework Where Residing if not at place of death: X

Married, Single or Widowed: Married Name of Wife or Husband: H. Dorsey Elchuun

Father's Name: David H. Maija Father's Birthplace: Penn

Mother's Maiden Name: Lucinda Schell Mother's Birthplace: Penn

Name of person giving Information: H. Dorsey Elchuun How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis 20 How long: Several Months

Immediate: Uraemia How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Johnson

Address: Indian / Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Henry Maize Elchison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Indian(— County: Indian(

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age — Years	Months	Days
1904	Nov	3.		1	3.

Sex: Male — Color or Race: White — Birthplace: Indian(Md

Occupation: Infant — — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: H. Dorsey Elchison — Father's Birthplace: Indian(Md.

Mother's Maiden Name: Margarita Maize — Mother's Birthplace: Penn.

Name of person giving In formation: W.H.B. Elchison — How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro - Enteritis — How long: a few days.

Immediate: Convulsions — How long: a few hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. B. Johnson

Address: Indian(Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: James D. Fitzsimmons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death: 1904 — Month: Nov — Day: 20 — Age: Years 67 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death: x

Married, Single or Widowed: Married — Name of Wife or Husband: Sophia Jamison.

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endo-carditis. — How long: Several years.

Immediate: Angina Pectoris — How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Mason

Name in Full: Catharine F. Flook

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middletown — County: Frederick

Date of death: Month: Nov — Day: 21 — Year: 1904

Age: Years: 1 — Months: 2 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: P. Edward Flook — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth E. Remsburg — Mother's Birthplace: Md

Name of person giving information: Marshal Feele — How related to deceased: Name

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bean in Bronchi — How long: about 3 weeks

Immediate: Suffocation — How long: Instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Lamar M.D.

Address: Middletown Md.

Accident or Suicide? —

LIBRARY BUREAU A58816

Name in Full: Barbara Ellen Freshmen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Thurmont — County: Frederick

Date of death: Month: Nov — Day: 2nd 11 — Year: 1904

Age: Years: — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Thurmont Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Martin H Freshman — Father's Birthplace: near Thurmont Md

Mother's Maiden Name: Emma Brise — Mother's Birthplace: near Thurmont, Md

Name of person giving information: Martin H Freshman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 3 days

Immediate: Broncho Pneumonia — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E C Kefauver

Address: Thurmont. Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: David S Gilbelam

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: Nov; Day: 7

Age: Years: 70; Months: 5; Days: 12

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, ~~Single~~ ~~or Widowed~~: Occupation: Retired Farmer

Name of Wife or ~~Husband~~: Virginia F Eagle

Father's Name: William Gilbelam; Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Bowers; Mother's Birthplace: "

Name of person giving information: Maurice Gilbelam; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Erysipelas — How long: 4 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robert L. Annan

Address: Emmitsburg Md

~~Residence~~

LIBRARY BUREAU A88510

Name in Full: Caroline Gladhill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Graham — County: Frederick

Date of death: 1904 — Month: Nov — Day: 22 — Age: Years: 78 — Months: 6 — Days: 29

Sex: female — Color or Race: White — Birthplace: Md -

Occupation: none — Where Residing if not at place of death: ~

Married, Single or Widowed: Widowed — Name of Wife or Husband: James D Gladhill

Father's Name: Samuel [illegible] - 66 — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: (Daughter) Mrs Thos P Towe — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive Paralysis 4 yrs. — How long: 3 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris A Bird

Address: Thurmont Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Goode -

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Urbana Dist. County: Frederick

Date of death: Month: Nov. Day: 9th 1904 Years: Age — Months: Three Days:

Sex: Male Color or Race: Colored Birthplace: Va -

Occupation: Where Residing if not at place of death: Urbana Dist.

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: John Goode Father's Birthplace: Va.

Mother's Maiden Name: Virgie Carroll Mother's Birthplace: Md

Name of person giving Information: Virgie Carroll How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Erysipelas — How long: 3 weeks -

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. E. Gaffney

Address: Urbana Md -

Accident or Suicide?

LIBRARY BUREAU AP6016

Name in Full: Levi F. Grimes.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Ladiesburg — County: Frederick

Date of death 1904: Month: November — Day: 14 — Age: Years: 68 — Months: 5 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Frederick Co. Md.

Married; ~~Single~~ ~~Widowed~~ — Occupation: House painter.

Name of Wife or Husband: Julia A. Grimes.

Father's Name: Wilson L. Grimes — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: John Grimes — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Brights disease — How long: Two weeks —

Immediate: Coma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John D. Liggett

Address: Ladiesburg, Fredk Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

11/9

LIBRARY BUREAU AP8516

Name in Full: Julia Hall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Buckeystown — County: Frederick

Date of death 190 x — Month: Nov — Day: 1st — Age — Years: 18 — Months: 10 — Days: 20

Sex: Female — Color or Race: Colored — Birthplace: Mont Co.

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Joseph Hall — Father's Birthplace:

Mother's Maiden Name: Caroline — Mother's Birthplace: Md.

Name of person giving Information: Joseph Hall — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septic Peritonitis — How long: 2 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Ruston

Address:

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Jeremiah D. Harbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Graceham — County: Frederick

Date of death: Month: 11 — Day: 25 — 1904

Age: Years: 76 — Months: 3 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer in former years — Where Residing if not at place of death: Union Bridge Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Ann. Whitmore

Father's Name: Christian — Father's Birthplace: Md

Mother's Maiden Name: Mary [illegible] Firor — Mother's Birthplace:

Name of person giving information: J. C. McSherry — How related to deceased: Son in Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 1 day —

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Morris A Bucy

Address: Thurmont Md.

Accident or Suicide?

LIBRARY BUREAU A88518

aug 20/1828

Name in Full: Margaret E. Hergelmeier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County:

Date of death 190 X: Month: Nov — Day: 2 — Age: Years: 68 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: Geo P Hergelmeier

Father's Name: William Carnes — Father's Birthplace: Frdk Co Md

Mother's Maiden Name: Ann R Mahony — Mother's Birthplace: " "

Name of person giving information: William Carnes — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicaremia Cuts Infected — How long: 1 mo

Immediate: Convulsions — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician:

Address: Mrs Crampton Hanson

Was case Suicide?

LIBRARY BUREAU A66516

Name in Full: Catherine Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: Nov; Day: 10; 1904

Age: Years: 74; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

~~Married, Single or Widowed~~

~~Name of Wife or~~ Husband: John Jackson

Father's Name: Edavier Myers

Father's Birthplace: Germany

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: John F. Glass

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy

How long: 6 Months

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: Robert L. Annan M.D.

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Washington Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: Nov; Day: 4; Year: 1904; Age: Years: 80; Months; Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Black	Birthplace: ?	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving In formation		How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility		How long
Immediate: Exhaustion		How long
Are the name, age, sex, color. date and place correctly given above?	Signature of Physician: R. S. Tyson	
	Address: Frederick Md.	
Accident or Suicide?		

LIBRARY BUREAU A88816

Name in Full: Ann Maria Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mackenzie — County: Frederick

Date of death: Month: 11 — Day: 22 — 1904 — Age: Years: 71. — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Home wife — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Ephraim Jones / Ann Maria Jones

Father's Name — Father's Birthplace: Md

Mother's Maiden Name — Mother's Birthplace: Md

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Gunshot Suicide — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. H. Goldsborough

Address

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Ephraim Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Wadesville — Town — County: Frederick

Date of death 1904: Month: 11 — Day: 1 — Age: Years: 76 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: County

Occupation: Farmer — Where Residing if not at place of death: "

Married, ~~Single~~ or ~~Widowed~~ — ~~Name of Wife or~~ Husband: Amy Maria Jones — Ephraim Jones

Father's Name — Father's Birthplace: Co

Mother's Maiden Name — Mother's Birthplace: "

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility — How long: 15 d

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas W Goldsborough

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Kefso Jones — 27

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Woodlawn. County: Frederick

Date of death 190 4: Month 11 Day 30

Age: Years 73 Months Days

Sex: Male Color or Race: Blk Birthplace: Dont Know

Married, Single or Widowed: Single Occupation:

Name of Wife or Husband: Dead

Father's Name: Dont Know Father's Birthplace: Dont Know

Mother's Maiden Name: Annie Jones' Mother's Birthplace:

Name of person giving information: Cadwalader Cooper How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long 28

Immediate: Endocarditis — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dorsey Hopkins

Address: New Market

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name in Full: Elizabeth A. Knott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pearl — County: Frederick

Date of death 1904: Month: 11 — Day: 27 — Age: Years: 86 — Months: 11 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: H. W. — Where Residing if not at place of death: Pearl

~~Married, Single or Widowed~~ — ~~Name~~ of Wife or Husband: A. B. Knott

Father's Name: Adam Allnutt — Father's Birthplace: Md

Mother's Maiden Name: Amelia Brown — Mother's Birthplace: Md

Name of person giving Information: Harry Coury — How related to deceased: Undertaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility - Paralytic Stroke — How long: 6 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Fordney M.D.

Address: Frederick, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: Daniel Krug.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: Nov.; Day: 13th; Age: Years: 7; Months: 9; Days:

Sex: Male; Color or Race: White; Birthplace: Emmitsburg

Occupation: none; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Lewis Krug; Father's Birthplace: Emmitsburg

Mother's Maiden Name: Susan Rivers; Mother's Birthplace: Do.

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diptheria — How long: 2 Days

Immediate: Croup — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H B Brawner, M.D.

Address: Emmitsburg

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Josephus Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro; County: Frederick

Date of death 1904: Month: Nov.; Day: 21

Age: Years: 69; Months: 2; Days: 19

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Shoemaker, Merchant & Farmer

Name of Wife or Husband: Sarah Elizabeth Holbrunner

Father's Name: James Long

Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Bankard Long

Mother's Birthplace: Md.

Name of person giving information: Mrs. S. E. Long.

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma complicated with mitral Weakness of Heart and

How long: About 2 years

Immediate: Diabetes { General debility - sinking into Stupor & Complete Coma

How long: Gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Edna Pearl Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Garfield; County: Frederick

Date of death: 1904; Month: Nov.; Day: 2

Age: Years: 8; Months: 3; Days: 10

Sex: Female; Color or Race: white; Birthplace: Garfield Md.

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Child; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Lewis; Father's Birthplace: Fred'k Co. Md

Mother's Maiden Name: Mary Forrest; Mother's Birthplace: " "

Name of person giving Information: Wm Lewis; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Lobar Pneumonia; How long: about 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. J. Smith

Address: Wolfsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Still Born.

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CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Market — County: Frederick

Date of death 1904 — Month: Nov — Day: 14 — Age — Years — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: George McDaniel — Father's Birthplace

Mother's Maiden Name: Cora Utz. — Mother's Birthplace

Name of person giving Information: S. — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Downs MD

Address: New Market

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Howard Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick — Frederick

Date of death: 1904 — Month: Nov — Day: 6 — Age: Years: — Months: 3 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Brunswick

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Birthplace:

Mother's Maiden Name: Pearl House — Mother's Birthplace: Md

Name of person giving Information: Mary V House — How related to deceased: Grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 3 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Hedges MD

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Mary Margaret May

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: Nov; Day: 16; Age: Years: 19; Months: 9; Days: 15

Sex: Female; Color or Race: White; Birthplace: Mass.

Occupation: Religious; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Joseph May; Father's Birthplace: Mass

Mother's Maiden Name: Harriet Bird; Mother's Birthplace: Mass

Name of person giving Information: Sr Bernadine Oneidor; How related to deceased: Nun

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty Heart & Anaemia; How long: One year

Immediate: Pneumonia; How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G B Brawner MD

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Henry Packard Nailon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Della — County: Tucd

Date of death 190 4 — Month: Nov — Day: 8 — Age — Years: 54 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Charlotte

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Asa Beall — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 6 days.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. Clyde Poulson

Address: Buckingham

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Malinda Orrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middletown; County: Frederick

Date of death 1904: Month: Nov; Day: 10

Age: Years: about 76; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Domestic

Name of ~~Wife or~~ Husband: Andrew Orrison

Father's Name: Jonathan Keller; Father's Birthplace: Md?

Mother's Maiden Name: — Arnold; Mother's Birthplace: Md?

Name of person giving information: Marshal Fiele; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion Lung; How long: —

Immediate: Heart Failure; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Lamar M.D.

Address: Middletown Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Susan Palmer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Churchill — County: Frederick

Date of death 1904: Month: January — Day: 1

Age: Years: 64 — Months: 5 — Days: 7

Sex: Female — Color or Race: white — Birthplace: Walkersville

Married, Single or Widowed: married — Occupation: Housekeeping

Name of Wife or Husband: William Palmer

Father's Name: William Rowe — Father's Birthplace: Walkersville

Mother's Maiden Name: Charlotte Hurley — Mother's Birthplace: Walkersville

Name of person giving information: William Palmer — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Softening of Brain — How long: 2 yrs.

Immediate: Apoplexy — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ralph Browning.

Address: Myersville. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Ann Maria Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County: Fredk

Date of death 1904: Month: Nov; Day: 20

Age: Years: 77; Months: 10; Days: 19

Sex: Female

Color or Race: White

Birthplace: Mt Pleasant Fredk Co

Married, Single or Widowed: Married

Occupation: Housekeeping

Name of Wife or Husband: William Poole

Father's Name: Jacob Barnes

Father's Birthplace: —

Mother's Maiden Name: Susan Snyder

Mother's Birthplace: —

Name of person giving information: William Poole

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: 9 weeks

Immediate: Hypostatic Congestion of Lungs — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ralph Browning

Address: Myersville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8831G

Name in Full: James M Poole

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kemptown; County: Frederick

Date of death 1904: Month: Nov; Day: 14

Age: Years: 65; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Married

Occupation: Carpenter

Name of Wife or Husband: Estilla Poole

Father's Name: don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Ann Poole

Mother's Birthplace: Md

Name of person giving Information: Estelka Poole

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 10 days

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Foos M.D.

Address: Kemptown Md.

Accident or Suicide?

LIBRARY BUREAU A66810

Name in Full: Sophia E Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lewistown — County: Frederick

Date of death 190 4: Month: Nov — Day: 24 — Age: Years: 62 — Months: 0 — Days: 2

Sex: female — Color or Race: white — Birth-place: Lewistown Md

Married, Single or Widowed: Widowed — Occupation:

Name of Wife or Husband: Wm Poole

Father's Name: Fred'k Lightner — Father's Birthplace:

Mother's Maiden Name: Susan Wales — Mother's Birthplace:

Name of person giving information: Jas Poole — How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis Liver Anemia — How long: 5 years

Immediate: Anemia — How long: 2 yrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris A Bird

Address: Thurmont Md

Accident or Suicide:

LIBRARY BUREAU A88510

Name in Full: Thomas Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death	Month	Day	Years	Months	Days
1904	Nov	19	Age 70		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Black	Birthplace
Occupation: Laborer	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name		Father's Birthplace
Mother's Maiden Name		Mother's Birthplace
Name of person giving Information		How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address: R. S. Tyson. Frederick Md.
Accident or Suicide?	

LIBRARY BUREAU A88816

Name in Full: Ephriam Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fredericks — County: Fredericks

Date of death: Month: Nov. — Day: 1 — Years: 83 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Richardson

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Richardson — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Asthama — How long: Several years

Immediate: Cardiac asthenia, with Dropsy — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Bourne M.D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Nora Anna A. Riordan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Liberty — County: Frederick

Date of death: Month: Nov — Day: 8 — 1904

Age: Years: 24 — Months: 7 — Days: 16

Sex: Female. — Color or Race: White — Birthplace: Liberty Dist.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Cornelius W. Riordan — Father's Birthplace: County Cork. Ire

Mother's Maiden Name: Bridget A. Connell. — Mother's Birthplace: County Cork. Ire

Name of person giving In formation: Cornelius W. Riordan — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Over a Year

Immediate: Heart Failure — How long: Immediate.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Sins.

Address: Liberty Town. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Eliza. Ann. Rodrick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jefferson — County: Frederick

Date of death: Month 11 — Day 22 — Years 76 — Months 9 — Days 21

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Jefferson

Married, Single or Widowed: Widow — Name of Wife or Husband: Benjamin M. Rodrick

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Ellen Shaffer — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of Heart — How long

Immediate: Heart failure — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. H. Boteler Gross

Address: Jefferson Frederick County Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: John Royer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: Frederick

Date of death 1904 — Month: Nov — Day: 24 — Age — Years: 57 — Months: ____ — Days: ____

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Occupation: Farmer — Where Residing if not at place of death: ____

Married, Single or Widowed: Married — Name of Wife or Husband: Amanda

Father's Name: Samuel Royer — Father's Birthplace: ____

Mother's Maiden Name: Mary Hammaker — Mother's Birthplace: ____

Name of person giving Information: C A Royer — How related to deceased: ____

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Insanity — How long: One month.

Immediate: Same — How long: ____

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D B Anderson

Address: 180 W. Main St

Waynesboro Pa

Accident or Suicide? ____

LIBRARY BUREAU A68816

Name in Full: Mary Ann Shanck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro; County: Frederick

Date of death 1904: Month: Nov.; Day: 16

Age: Years: 77; Months: 3; Days: 24

Sex: Female

Color or Race: White

Birthplace: Frdk. Co. Md.

Married, Single, or Widowed

Occupation: Housewife

Name of Husband: George W. Shanck

Father's Name: George Zimmerman

Father's Birthplace: Don't know

Mother's Maiden Name: Rosanna Barrick

Mother's Birthplace: Frdk. Co. Md.

Name of person giving information: Geo. H. Zimmerman

Informant related to deceased: Nephew.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Dropsy { Caused by Valvular trouble of heart complicated with Chronic Nephritis

How long: About 3 Years

Immediate General Debility { following a slight paralytic stroke

How long: 4 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Susan Shank

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Myersville — County: Fred Co

Date of death 1904: Month: Nov. — Day: 25

Age: Years: 7/2 — Months: 4 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Appletown

Married, Single or Widowed: Married — Occupation: W. Wife

Name of ~~Wife~~ or Husband: Wm. Shank

Father's Name: Daniel Easterday — Father's Birthplace: Near Boonsboro

Mother's Maiden Name: Lavina Rhoderick — Mother's Birthplace: " "

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis & Heart Disease — How long: Few Years

Immediate: Dropsy — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Davis

Address:

Accident or Suicide?

LIBRARY BUREAU A0881C

Name in Full: Geo. P. Diess

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pub. Sch. House 8 | County: Frederick

Date of death 1904: Month: 11 | Day: 27 | Age: Years: 66 | Months: 1 | Days: 20

Sex: Male | Color or Race: White | Birthplace: Md

Married, ~~Single~~ or ~~Widowed~~: | Occupation: Plasterer

Name of Wife or ~~Husband~~: Mary MacGran

Father's Name: Samuel Diess | Father's Birthplace: Md

Mother's Maiden Name: Dont Know | Mother's Birthplace: "

Name of person giving Information: Charles Diess | How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterial Sclerosis, paralysis | How long: 10 years

Immediate: Paralysis | How long: 6 yrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Morris A Bixler

Address: Thurmont Md.

Accident or Suicide?

LIBRARY BUREAU A89918

Name in Full: Betty Smith.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Ladiesburg — County: Frederick

Date of death 1904: Month: nov. — Day: 24 — Years: Age 85 — Months — Days

Sex: Female — Color or Race: colored — Birthplace: unknown.

~~Married~~, Single, ~~Widowed~~ — Occupation: Had been a House servant.

Name of ~~Wife or Husband~~

Father's Name: unknown — Father's Birthplace: unknown.

Mother's Maiden Name: unknown — Mother's Birthplace: unknown

Name of person giving Information: Lincoln Hartsock — How related to deceased: no relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza and old age — How long: Ten days

Immediate: Heart failure. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John I. Ligget, M. D.

Address: Ladiesburg, Frdk Co. Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6818

Name in Full

Certificate of Death

Russell B. Smith

Died at Town: Baliviar County: Frederick MARYLAND

Date ~~1903~~ 1904 Month: Nov Day: 5 Age Y. 18 M. 6 D. 19 Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children ~~living~~

Husband of

Wife

Father's Name Calvin Smith

Mother's Name Elizabeth Toms-

Cause of Death: Primary Gun Shot wound ~~How long sick~~

Immediate Shock

Accident, ~~Suicide Homicide~~

Reported by T. A. Lamar, M.D.

Address Middletown, Md-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65765

Name in Full: Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wolfsville — County: Frederick

Date of death: Month: Nov. — Day: 14 — 1904

Age: Years: — Months: — Days: 6 hours

Sex: Male — Color or Race: white — Birthplace: Wolfsville

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Faris E. Smith — Father's Birthplace: Md

Mother's Maiden Name: A. Stella Leatherman — Mother's Birthplace: Md

Name of person giving information: Faris E. Smith — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] — How long:

Immediate: Cyanosis Infantum — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Smith

Address: Wolfsville Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Annie Pantha Steel 26,

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnt Mill; County: Frederick

Date of death 1904: Month: Nov; Day: 30th; Age: Years: 22; Months: One; Days: 5

Sex: Female; Color or Race: White; Birthplace: Frederick Co.

Occupation: House Keeper; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George W. Steel; Father's Birthplace: Fred. Co. Md

Mother's Maiden Name: Emma J. Price; Mother's Birthplace: " " "

Name of person giving Information: Mother; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption; How long: One year

Immediate: Exhaustion " ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Stone

Address: Mt Pleasant Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Virginia Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death 1904 — Month: Nov — Day: 11 — Age — Years: 1 — Months — Days: 11

Sex: Female — Color or Race: White — Birthplace: Brunswick

Occupation: none — Where Residing if not at place of death: Brunswick

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H Taylor — Father's Birthplace: md

Mother's Maiden Name: Sarah E Virts — Mother's Birthplace: md

Name of person giving Information: Mrs John Virts — How related to deceased: grand mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Membranous Croup — How long: 7 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A L Horine

Address: Brunswick Md

Accident or Suicide? no

LIBRARY BUREAU A6531

Name in Full: Anna Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: Nov; Day: 16; Years: Age 62; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md

Married, ~~Single or Widowed~~; Occupation: House Wife

Name of ~~Wife or~~ Husband: William Turner

Father's Name: Henry Shuls; Father's Birthplace: Md

Mother's Maiden Name: Eliza Shrader; Mother's Birthplace: "

Name of person giving information: William Turner; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis; How long: 10 d

Immediate: Uraemia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: Robert L. Annan

Address: Emmitsburg

Accident or Suicide?

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Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bolivar — County: Frederick

Date of death 190 4: Month: Nov — Day: 13 — Age: Years: — Months: — Days: 5

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: John R Younkins — Father's Birthplace: Md

Mother's Maiden Name: Esta Minnick — Mother's Birthplace: Md

Name of person giving information: Oscar Baker — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholelithiasis Dermatitis — How long: —

Immediate: Acute Nephritis + Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. P. Lamar M.D.

Address: Middletown, Md.

Accident or Sulcide?

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Name in Full: Sarah L. Zimmerman 25,

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Market — County:

Date of death: Month: 11 — Day: 27 — 1904

Age: Years: 4 — Months: — Days: 19

Sex: Female — Color or Race: White. — Birthplace: New Market

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Andrew J. Zimmerman — Father's Birthplace: Penn

Mother's Maiden Name: Emma Etchison — Mother's Birthplace: New Market Md

Name of person giving Imformation: Dr Downey — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Membranous Croup — How long: 2 Days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Downey & Hopkins

Address: New Market

Accident or Suicide?

PHYSICIAN OR CORONER

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